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22908 75	90 03/15/2006			nave its own cert	ificate of mailing o	r transmission.	
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CHICAGO, IL 606	06						(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/560,064 04/27/2000			Ruth Elinor Bauhahn		11738	3.86893	2481
TITLE OF INVENTION: PA	ATIENT DIRECTED THER	APY MANAGEM	IENT				
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400)	\$0	\$1	400	06/15/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS			
BOCKELMA	AN, MARK	3766		607-060000			
 Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)			
					ssignee is identifie	ed below, the d	ocument has been filed for
(A) NAME OF ASSIGNE				NCE: (CITY and STATE			
Medtronic, In	C.	Minn	Minneapolis, Minnesota				
Please check the appropriate	assignee category or categor	ies (will not be pri	inted on the p	atent): 🔲 Individual	Corporation or o	other private gro	oup entity Government
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	from status indicated above 1ALL ENTITY status. See 3	•	☐ b. Applic	ant is no longer claiming S	SMALL ENTITY s	tatus. See 37 CI	FR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issu blication Fee (if required) w ds of the United States Pate	e Fee and Publicat ill not be accepted nt and Trademark	ion Fee (if an I from anyone Office.	y) or to re-apply any preventher than the applicant;	riously paid issue fe a registered attorne	e to the applica y or agent; or th	tion identified above. le assignee or other party in
Authorized Signature \(\sqrt{2} \)	Walliam M. al	Den 51,3	93	Date	June 9,	2006	
Typed or printed name	William Al	len		Registrat	ion No. 51	,393	The state of the s
This collection of information application. Confidentialit ubmitting the completed apphis form and/or suggestions loss 1450, Alexandria, Virgina 22313-1 Under the Paperwork Reducti	y is governed by 35 U.S.C. oblication form to the USPTC for reducing this burden, should be 22313-1450. DO NOT S 450.	122 and 37 CFR 1 D. Time will vary ould be sent to the EEND FEES OR C	.14. This col depending up Chief Inform OMPLETED	lection is estimated to take on the individual case. A nation Officer, U.S. Patent FORMS TO THIS ADD	e 12 minutes to con ny comments on the and Trademark Of RESS. SEND TO: (nplete, includin e amount of tin ffice, U.S. Depa Commissioner f	g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,